

[From the BRITISH MEDICAL JOURNAL.]

AN ADDRESS ON THE HISTORY, CONSTITUTION, AND OBJECTS OF THE BRITISH MEDICAL ASSOCIATION:

AND ON MEDICAL ORGANISATION IN GLASGOW.

*Delivered at the First Annual Meeting of the Glasgow and West of
Scotland Branch.*

By ALLEN THOMSON, M.D., LL.D., F.R.S.S.L. & E.,
Professor of Anatomy in the University of Glasgow; President of the Branch, etc.

THE purpose of our present meeting is to establish for Glasgow and the western districts of Scotland a local Branch of that great national professional union known as the British Medical Association.

It is my first duty to thank you for the honour of requesting me to preside on this occasion. I cannot but feel that there are many closely connected with the practice of our profession who might more appropriately have been chosen, and who would have acted more efficiently as your leader in this movement; but, having been urged to accept the office of local president, I will endeavour to show my sense of your kindness by doing all in my power to promote the object of your meeting. I must, however, bespeak your indulgence for the imperfect manner in which my task may be accomplished.

As the nature and objects of the British Medical Association, though very familiar to many in England, may not be known to some of those whom I now address, it may be proper that I should in the outset refer very briefly to its origin, nature, and progress.

The Association was first formed in the year 1832, mainly, I believe, at the suggestion and through the exertions of Sir Charles Hastings, M.D., of Worcester; and, being designed to bring together the medical practitioners of the English counties, was at first called the Provincial Medical and Surgical Association. Its objects, as stated in the opening address of its founder at the time of its first establishment, were to remove the disadvantages under which the provincial members of the profession laboured from their isolation and want of co-operation; to render their exertions for the promotion of knowledge more effective and useful by combination; and to main-

tain the honour and respectability of the profession by the establishment of free intercourse and friendly feelings among its members.

For this purpose, annual meetings of the whole Association were arranged to take place in different localities ; and it was intended that, by these meetings, and by the formation of local Branches to meet in different parts of the country, the members, besides being benefited socially and scientifically, should be encouraged to devote themselves more specially to the following objects, viz.:

1. To collect useful information of all kinds on speculative or practical professional subjects.
2. To cultivate a knowledge of the medical topography of England by statistical and scientific investigation.
3. To inquire into the spread of epidemic diseases in relation to the circumstances of each locality.
4. To promote the knowledge of hygiene, sanitary matters, and the adjustment of medico-legal questions.

By the zeal and assiduity of its founders, the organisation of the new Association was soon completed ; and the fitness of the first plans, which have undergone little essential change since the commencement, has been evinced by the uniform success of the meetings and the steady progressive advance of the Association in numbers, influence, and usefulness.

In its first year (1832), 310 members had joined the Association. In 1843, at the end of its first decennial period, the number of members had increased to 1,300. In 1853, the number was 1,850. In 1863, it was only about 2,200 ; and in 1866, when the present editor assumed the management of the JOURNAL, it was about 2,500 ; but, from that time onwards, a very rapid increase took place, so that, in 1873, the number of members had risen to 5,500. It now probably approaches 7,000 ; amounting thus to about a third of the whole number of qualified medical practitioners in Great Britain and Ireland, which, as indicated by the *Medical Register* and *Churchill's Directory*, is upwards of 22,000.*

The present revenue of the Association is upwards of £9,500 ; it is now free of debt, and has a growing surplus.

Forty-three annual or general meetings of the Association have been

* In 1871, the whole population of Great Britain and Ireland being about 31,500,000, the number of registered medical practitioners was about 21,200, or nearly in the proportion of one medical man to 1,485 of the inhabitants.

I subjoin the following view of the relation between the membership of the Association and the number of the profession in the several divisions of the kingdom, as given in the ASSOCIATION MEDICAL JOURNAL for October 21st, 1853, p. 913.

	Number of Medical Men.				Members of the Association.			
England..	9,315	..	..	..	1,748
Wales	315	..	..	..	112
Scotland..	1,623	..	..	..	47
Ireland	2,100	..	..	..	4

The whole number of the Association in this year is stated at 1,926.

At the end of 1870, the relation between the number of members of the Association and the profession was as follows (see BRITISH MEDICAL JOURNAL, January 7th, 1871, page 22).

		Number of Medical Men.		Members of the Association.	
England and Wales ..	.. ..	13,455	.. ..	.. ..	3,739
Scotland .. ..	.. ..	2,000 (about)	.. ..	.. ..	102
Ireland.. ..	.. ..	2,400 (about)	.. ..	.. ..	298

Including members in the Army and Navy, Colonies, etc., the total number at the end of 1870 is stated to be 4,201. At the annual meeting in Edinburgh in 1875, the number was 6,112 ; and there have since been numerous accessions.

held in different places since the first, which took place at Worcester in 1833. In Birmingham and in Oxford the Association has met three times; and, in each of the following places two meetings have been held, viz., Edinburgh, Leeds, Liverpool, London, Manchester, Norwich, Worcester, and York; and one meeting only in the following towns, viz., Bath, Brighton, Bristol, Cambridge, Canterbury, Cheltenham, Chester, Derby, Dublin, Exeter, Hull, Leamington, Newcastle, Northampton, Nottingham, Plymouth, Sheffield,* Southampton, Swansea, Taunton, and Torquay.

The formation of local Branches has been gradual. Their number at present amounts to 29. Of the 29, only one, so far as I know, has been formed in Ireland. In the north of Scotland two have existed for some years; and the southern counties of Scotland are included in the Border Counties Branch. Another has, about the same time as ours, been formed in Edinburgh. Of the remaining Branches, two are Welsh, and 22 are English. The meetings of the local Branches vary according to the circumstances of their localities; being in some of them only once in the year, in others more frequently, in several three or four times, and in a few as often as monthly.

It was a part of the original plan of the Association to publish and circulate among its members the various memoirs and contributions read at the meetings. The Association, indeed, appears in some measure to have taken its rise among the supporters of a journal which was begun in the year 1828, under the name of the *Midland Medical and Surgical Reporter*, and which was carried on with success during the four succeeding years. It was, however, arranged at first, to issue the papers and addresses brought forward at the Association meetings by means of *Transactions*, of which nineteen volumes were printed nearly annually, or in the course of the first twenty-one years of the existence of the Association, and distributed to the members.

In 1840, the *Provincial Medical and Surgical Journal* was originated by Dr. Hennis Green of London, not being originally connected with the Association, but professing to carry out its objects; and one of the Worcester Council of the Association, Dr. Streeten, was at Dr. Green's request associated with him as co-editor. An arrangement was made with the proprietors of the *Journal*, by which every member of the Association was to be supplied with a copy of the *Journal*, while they continued to receive also the volume of *Transactions* for the year. In 1844, the *Journal* became officially connected with the Association; and, in 1845, it was placed under the management of the Committee. This *Journal* was for a time published weekly in London, but it appears to have languished and to have caused financial difficulties, and it was thereafter for a time issued only fortnightly in Worcester.

As the number of members of the Association, however, increased, and its activity and influence came to be more felt and acknowledged, it was deemed expedient to give the union a wider scope, to include within its operations the practitioners of London and the neighbouring metropolitan counties, and to extend its membership to Scotland and Ireland. In 1853, after considerable discussion, the *Journal* was transferred to London under a new editorship, that of Dr. John Rose Cormack, and was published weekly in an improved form under the name of the ASSOCIATION MEDICAL JOURNAL.

In 1856, the Association assumed the name of "British Medical" instead of that of "Provincial Medical and Surgical"; and the JOURNAL accordingly, in 1857, appeared under the new name of BRITISH ME-

* A second meeting in Sheffield will be held this year.

DICAL JOURNAL, and was edited by Dr. Andrew Wynter. In 1861, two volumes of the JOURNAL came to be issued annually instead of one as formerly; and now Dr. William O. Markham became the editor.

For the last ten years, or since the beginning of 1867, except during an interval of a year in 1869-70, when the JOURNAL was conducted by Mr. Jonathan Hutchinson, Mr. Ernest Hart has acted as editor; and, under his able and judicious conduct, the JOURNAL, besides giving a full account of all the business and transactions of the Association, of which it is the authorised organ, with the enormous circulation of 7,750 copies, maintains an honourable and useful place among the records of the medical literature of the time.

The Association is composed entirely of legally qualified members of the profession, and it is now incorporated (1874) under the Board of Trade according to the "Companies' Act" of 1867, Section 23. By this agreement, the funds of the Association must be entirely expended in the promotion of the objects of the Association, and no portion of them can be applied, directly or indirectly, by way of dividend or bonus, or otherwise to the profit of any of the members of the Association, excepting in so far as concerns the payment of the services of the officers of the Association.

The objects of the Association under the memorandum of its incorporation are—

a. The periodical meetings of the Association and the profession generally.

b. The publication of a JOURNAL and occasional *Transactions*.

c. The grant of moneys for the promotion of medical and allied sciences.

The annual payment of a guinea by each member entitles the payer to receive a copy of the JOURNAL or any *Transactions* which may be published. The payment is due in advance on the 1st of January in each year.

The business of the Association, other than the scientific papers and discussions, is under the management of a Council and of a Committee of Council; and the officers consist of a President of the whole Association, a President-elect, Vice-Presidents, a President of the Council, a Treasurer, an Editor of the JOURNAL, and a Secretary.

The constitution and laws of the Association are of the most liberal, I might almost say democratic kind.

Members are admitted by a vote in their favour of three-fourths of those present in the Council or Branch Council in which they are proposed, and they are also liable to expulsion for misconduct (on due cause shown we shall suppose) by an adverse vote of the like number of their fellow-members.

The General Council of the Association consists of members chosen by the members of the several Branches, in the proportion of one councillor for every twenty members; and these, along with an honorary secretary of each Branch, form the representatives of the several Branches in the entire Council. Along with these are associated in the Council, the President, the President-elect, the Vice-Presidents, the President of the Council, the Treasurer, the Readers of Addresses (who have been nominated), and the Presidents of Sections.

The President of the whole Association is annually elected by the Association; while the President of the Council holds office for three years, and is elected by the votes of the Council.

The Council holds its regular meetings at the annual meetings of the

Association, and at such other times as may be appointed; and prepares a Report of the general state and proceedings of the Association for the past year to be presented at the annual meeting. But the affairs of the Association are mainly conducted by means of the Committee of Council, consisting of twenty members elected by the Council, together with the President, President elect, Vice-Presidents and Treasurer, and the Honorary Branch Secretaries for the time being.

This Committee meets not less than four times in each year, and has the management of all the ordinary business, nominates the readers of addresses, determines the division of sections, and names their president, directs the publication of the JOURNAL, and reports to the Council on the financial state of the Association, and in general regulates the order and conduct of business, and acts in all emergencies arising during the year.

Lastly, I may mention, as affecting the proceedings of our present meeting, that a Branch of the Association may be constituted by any local set of members, not less than twenty in number, provided it is recognised by the Committee of Council. The Branch governs itself under its own by-laws, which are approved by the Committee of Council as being consistent with the general laws of the Association. Each Branch is independent of the others, elects its own officers and Council, pays its own expenses, and cannot act for or incur any obligation on behalf of the Association.

It can scarcely be supposed that meetings such as those which take place under the auspices of the Association, in which large bodies of the most able and well-informed men of a learned profession are brought together for the consideration and discussion, not merely of scientific and practical medicine and surgery, but of all subjects concerning the business, character, life, and honour of the profession at large and its individual members, could be held without the eduction of very important results.

The information collected and published from the various general and Branch meetings has often been of a very valuable description. The introductory addresses of the President, and the appointed addresses on the progress of medicine, surgery, midwifery, physiology, and sanitary science in the several sections, usually by men of the highest eminence, have been of a most interesting and valuable kind, and have influenced perceptibly the advance of knowledge and progress of inquiry in the several departments; while the agency of the Association in the discussion of many of the general and particular topics affecting the welfare and regulating the conduct of the profession, has had a strong and wide-spread influence in forming and guiding the opinions of many members, and has operated largely and powerfully on the views of the legislature and general public.

It would be vain for me to attempt to refer to or even to mention the more important subjects which have from time to time engaged the attention of the Association. Leaving entirely out of view the many interesting scientific questions and valuable collections of information which have been brought under review at the various meetings, it is enough for me here to mention, as a few of the more interesting general questions which have at various times occupied the Association, the following subjects, to show how active and various has been their regard for all the interests of the profession.

The subject of Medical Reform had occupied the Provincial Medical Association for a considerable time before 1853, when the Metropolitan

Counties Branch was first established. At that time, a Committee of the Branch was formed to watch the progress of the Reform question, etc., and from that time onwards, during several years, great activity prevailed in the Metropolitan Counties Branch and in the parent Association for the promotion of a measure of reform, in which the representative principle should receive full recognition. For this purpose, in 1854, a Bill was prepared for the Association, and amended by their Committee; and in 1855 this Bill was introduced into Parliament by Mr. Headlam, and again in 1856.

In 1858, the Medical Act founded on Mr. Cowper's Bill, was passed. And although this did not provide for the direct representation of the medical profession to the extent desired by the Association, yet I believe the exertions of their Committee had, in the earlier periods of the reform movement, a salutary effect in directing legislation on this subject into a proper channel, more especially as regards the reciprocity of practice in all parts of the country, and in drawing attention to the importance of improving the preliminary as well as the professional education of candidates for licences.

The reagitaton of Medical Reform, in connection with an expected amendment of the Medical Act, in the year 1868, again brought the Association into activity on the subject of the representation of the profession in the Medical Council; but as yet nothing has been done in that direction. As a member of the General Medical Council, I should wish to avoid expressing any decided opinion on this subject; but, perhaps, I may be allowed to say that, so long as the Council was made the arena for the contention of privilege among several sets of the licensing bodies, as it was during a considerable number of the earlier years of its existence, I felt some sympathy with the views which were favoured by Mr. Headlam's Bill and by the Association. Since these contentions have ceased, and the Council has been permitted more loyally and steadily to apply itself to the business of improving medical education and examination, I think it may be felt that the question of more direct representation of the profession has lost some of its importance, and it may be hoped that the several licensing bodies and the Government will so exercise their patronage in the choice of their nominees to the Council, as to make the profession in general feel that their opinions are in reality effectively represented in that body, and that thus legislation on the subject may be rendered unnecessary.

Among the more important of the other subjects which have at different times engaged the attention of the Association, may be mentioned the wide and deeply interesting one of Sanitary Organisation and Reform, and more recently the special qualification to be granted in State Medicine or Medical Police; and it is well known that we owe much in connection with the Public Health Act to the exertions of the Association, though much remains still to be accomplished in this department.

In representations made at various times to the Army and Navy Boards, with respect to the unfavourable position in which the rules of these services place the medical officers; in suggestions as to the compulsory Vaccination Bill, the Artisans' Dwellings Bill, the possible provisions for the Care of Habitual Drunkards, for Provident Dispensaries and the medical relief of the sick poor, and for the social and moral improvement of the medical profession at large, we have only to look at the annual records of the transactions, as published in the JOURNAL, to become aware of the earnest desire of the Association to

accomplish measures which have for their object at once the good of the profession and the service of the public.

It is right also to allude to two other matters connected with the Association. One of these is the appropriation of a portion of its funds annually to the granting of sums of money in encouragement of scientific inquiries in connection with medicine, for which £165 was dispensed during the past year. The other is the Benevolent Fund, raised by voluntary subscription, for the temporary relief of distressed medical men, their widows and orphans, and the management of which has, since 1835, been a part of the business of the Association. The relief is confined to the cases of regularly educated medical men of irreproachable character, who are in actual distress. The income of the fund, which was for some time small, rose in 1853 to £655, and has been fully maintained since that time.

It could scarcely be expected that on such subjects as fall to be described at various times in the Association entire unanimity of opinion would be held, and occasionally, therefore, keen enough disputes have occurred. But if we consider the exciting nature of some of the topics, and the various locality and condition of those engaged in the contests, I think the proceedings of the Association may be regarded as having been on the whole conducted with a degree of harmony which could scarcely have been anticipated.

But while we are disposed to give full credit to the Association for its exertions in promoting the advance of scientific and practical medicine, and the attainment of useful and important objects connected with the social and political status of the profession, it can scarcely be doubted that the greatest of its advantages have been, and are to be, derived from its ethical or moral effects directly upon those attending its meetings, and, through them and the records of the JOURNAL, upon other members of the profession. It will, indeed, be freely admitted that a great stimulus to exertion must be given to the younger members by the example of the more advanced and able men who deliver the addresses and contribute to the scientific business of the meetings; and all who have joined in these meetings acknowledge with lively satisfaction the pleasant effects of the rational and kindly intercourse which they produce, tending to excite emulation, to lessen differences of opinion, to remove prejudices, and to create harmony and friendship among men of congenial pursuits.

Such, gentlemen, being the nature and progress of the British Medical Association, and it having been determined to found a Branch for Glasgow and the western counties of Scotland, I purpose to direct your attention to the capabilities which our district presents for this Association of its medical practitioners. On a consideration of these and other circumstances, we shall have to determine how far we can sympathise and approve of the objects of the Association, and in what manner and to what extent we are disposed and able to forward them; and we may be expected also to inquire what benefits we may hope to reap from the combined action of the medical profession which is contemplated.

It will occur to many that, while the want of such an union as that of the British Medical Association might be felt in remote provincial towns, destitute of medical organisation, as in the circumstances which led to its first foundation in the English provinces, there does not exist in Glasgow or its immediate vicinity, the centre of two public licensing bodies, of several important and long-established institutions both of a

charitable and an educational character, any urgent necessity for new means of bringing together the body of medical practitioners, or stimulating them to united work for the good of the profession. And this is no doubt so far true. But the same remark would apply, and perhaps even more forcibly, to London, Edinburgh, and Dublin; and yet, in these places, the influence of the Association has been found to be beneficial, and the general meetings at all events have excited much interest, and have not only contributed in a marked manner to the furtherance of those general professional objects which the Association contemplates, but have also assisted and stimulated the labours of the existing institutions.

In the attempt to establish a Branch Association in this place, it will of course be necessary, as is very properly suggested by the Committee's Report, to guard against its interference with the operations of any societies or institutions already existing. And I would, therefore, venture to suggest that, in the meantime, the operations of the Branch intended to be established here should be made subsidiary to those of the other existing institutions, and should rather be such as will pave the way for a greater degree of general union and co-operation among the members of the profession.

With a view to this object, I think we must look forward to obtain, at no very distant date, a general meeting of the British Medical Association in Glasgow. As a proof of the advantages of such a meeting, I need only refer to the brilliant success which attended that held at Edinburgh in the past year; and I feel assured that when the matter is viewed in its proper light, it will soon be felt that Glasgow and the west of Scotland must not lag behind in the endeavour to bring about such an union of the active intelligence of the profession, as may stimulate and invigorate the exertions of its members for their own improvement and for the increased utility of the profession to the public.

Engaged, as many of us are, in promoting the best and highest objects of medical practice and teaching, we are too apt to allow our ideas to be magnified of what has been accomplished in both of these directions; and to shut our eyes to some of the shortcomings of our professional system—more especially, it may be, in our own case, to those which arise, not so much from any want of exertion or attention on the part of the members of the profession itself, as from the circumstances which are inseparable from the over-rapid changes occurring in a community and district like ours, where the population has of late years increased with transatlantic rapidity.

A glance at the progress of medical institutions in Glasgow will serve to show within how short a time the whole of the present system has sprung up; how much of it has been, in some measure, the result of accident and the force of circumstances; and how much, therefore, there might be to alter, modify, or arrange, were it in our power to do things in the way or to the extent which might appear most desirable.

In considering the present state of the profession, and the circumstances which may affect its welfare and progress, it is curious to look back from the stringent system of education, examination, and licensing of the medical practitioner, which has been introduced in our own time, to a period of three hundred years ago, when entire liberty seems to have prevailed in regard to medical or surgical practice, and nothing seems to have prevented the assumption of medical titles or duties, unless, perhaps, the discouragement arising from the absence of a suffi-

cient number of patients desiring to avail themselves of the services of the intending medical practitioner. It is interesting also to turn from a time like our own—in which the inquiries of the profession and the community are directed with intense care and attention to every circumstance that can affect the conditions of public health, and when the crowding of human and animal life into narrow spaces opposes greater and greater obstacles in the way of securing proper sanitary conditions—back to the remoter period when diseases were left comparatively to themselves; and when the disinfecting and antiseptic powers of earth and water, in the larger proportion which they then bore to the sources of infection and disease, very generally proved in ordinary circumstances sufficient to diminish the virulence and check the ravages of epidemic diseases.

But, while we know that the proportional small number of the inhabitants secured to them some degree of immunity from the dangers which belong to the more crowded conditions of modern life, yet it is known that in many instances unchecked epidemics acted as scourges which almost exterminated large sections of the population; and it is undoubted that the rate of mortality from disease was much higher, in proportion to the population, than it is in our own time. And we have thus abundant proof that, as population increases, there is not only a decided advantage to the community from a fuller supply of regularly instructed medical and surgical practitioners, but there is shown to be an absolute necessity for these practitioners bearing a certain proportion to the community at large, in order to secure the measure of health and well being which the other conditions of modern civilisation render possible.

In former times, it would appear that the magnates of our profession were for the most part graduates of foreign universities, and these were apparently received without much inquiry as to their credentials, or on their own assertion of their titles; and, when duly accredited, were regarded with honour as the possessors of all the scholastic learning of the profession which could emanate from famous universities, such as Leyden, Paris, or Bologna.

It is curious to view the different position now accorded in this country to these degrees, which are generally looked upon with distrust, and are refused a place in the authorised *Register*, more immediately because they are not, as all our own licences are, under the control of regulation and inspection by the General Medical Council of the Kingdom, and more indirectly on account of the very loose manner in which degrees have been granted by some of the foreign universities, without the evidence of regular study and without examination.

Although in several of the Universities of Scotland a *mediciner* or medical professor may have existed from an early period, the office does not appear to have been maintained with regularity, and the degree of doctor of medicine was only occasionally and very rarely conferred. It need scarcely be said that in these circumstances there was no regular system of medical instruction pursued in the Universities. Even in Edinburgh, which in the middle and latter part of the last century acquired great renown and was much frequented as a medical school, it was only in 1726, or exactly a century and a half ago, that the medical school of the University came into operation by the first Moore, with his collaborators, beginning to deliver systematic instruction within the precincts of the University. And in our own University of Glasgow, although the two chairs of Medicine and Anatomy were occupied from 1714 and 1718, the respective dates of the appointments of Dr. John

Johnstoun to the chair of Medicine and Dr. Thomas Brisbane to that of Anatomy and Botany, yet it was not till 1745-6 that a regular course of instruction by lectures can be said to have begun in Glasgow, when Cullen undertook the first course of lectures on the Practice of Physic which was delivered in our city. And it shows how imperfect were the arrangements to form a school, that Cullen also taught *Materia Medica* and Botany along with Mr. Carrick, and for a time somewhat later conducted a class of Chemistry.

Dr. Johnstoun and Dr. Brisbane had, it is true, given occasional instructions in their respective subjects of Medicine, Anatomy, and Botany; but, in 1742, Dr. Robert Hamilton was appointed to the chair of Anatomy, and he appears to have conducted more regularly courses on the two subjects included in his commission.

It is, therefore, no more than one hundred and thirty years since the system of medical instruction by means of lectures took its rise in Glasgow.

The chair of Chemistry was occupied by Black, the celebrated chemist, from 1756 to 1766; and in 1756, when Cullen was transferred to Edinburgh, Robert Hamilton was appointed to the Practice of Physic chair, and his younger brother Thomas became the occupant of the chair of Anatomy and Botany. In 1781, he was succeeded by his son William at the early age of 23, a man of great ability, the father of Sir William Hamilton the metaphysician, and whose early death in 1789 alone prevented him from attaining to great eminence.*

In 1788, Dr. Cleghorn, well-known as one of the earlier supporters of the University medical school, was appointed lecturer on *Materia Medica*, and three years later on Chemistry. But as yet there was no infirmary in Glasgow; and, for a time at least, the only means of public clinical instruction for the pupils of the nascent school was in the Town's Hospital or Poor's House, where a certain number of cases of disease were treated. Dr. Cowan has stated, in his introductory address to the medical students of the University in 1869-70, that he has in his possession tickets of admission to lectures on the cases of patients in the Town's Hospital delivered by Dr. Cleghorn in 1787-8. It was only in the latter year, or less than ninety years ago, that the proposal to establish an infirmary or public sick hospital in Glasgow was set on foot by Mr. Jardine, the Professor of Logic in the University. In this, he was ably assisted by Dr. Stevenson, the Professor of the Practice of Physic; and in 1794 the building was opened for the reception of patients.

At this time, it is deserving of note that the population of Glasgow was about 75,000, and the number of beds provided by the new hospital was 160.

The teaching of surgery was considered to belong to the chair of Anatomy, and it was not till 1815 that a separate professorship of Surgery was instituted. Physiology, though taught separately for some years by an appointed lecturer, was only erected into a separate professorship in 1839, when my colleague Dr. Buchanan was appointed to the office.

The first foundation of the chemical chair as a professorship took place in 1817, when Dr. Thomas Thomson was chosen to fill it, and gave all his ability and learning in teaching his science.

* I have heard my father, Dr. John Thomson, who was a student of William Hamilton's in 1767-88, speak with great delight of his instructions. He furnished his master with plants for conducting his botanical lectures.

The Botany chair, with which the honoured name of Hooker is connected, was founded in 1818.

But, although the formation of a medical school within the University has only been effected in the later times now mentioned, medical teaching was not entirely in abeyance in Glasgow during the previous century and a half; for the Faculty of Physicians and Surgeons, to which the profession in Glasgow owes a deep debt of gratitude, had as early as 1599 (as has been related in our excellent friend Dr. Weir's *Historical Sketch of the Faculty*) acquired its original charter granted by James VI to Mr. Peter Lowe the famous surgeon, and Mr. Robert Hamilton styled Professor of Medicine, giving to the gentlemen the right to examine all those intending to practise surgery and pharmacy in the town of Glasgow and counties of Lanark, Renfrew, Dumbarton, and Ayr. Thus arose the Corporation of the Faculty of Physicians and Surgeons, in whose hall we are now met—a body of men composed, as McUre in his quaint *History of Glasgow* says, “for the most part, of persons of singular ingenuity, canour, and integrity”, and which from the first has endeavoured to secure proper qualifications on the part of those to whom the care of the sick was to be committed—which for a considerable period provided the only medical and surgical education to be obtained in Glasgow, and which has steadily maintained the credit of the profession in this city and the west of Scotland.

The parallel body of Edinburgh, the College of Surgeons, was of earlier foundation, having obtained its charter from James IV in 1505, and had exercised the same influence in the capital in connection with the very incomplete medical education which the circumstances of the time required and deemed sufficient.

The charter of the College of Surgeons, from an extension granted, however, only so late as in 1605, gave an exclusive right of practice in surgery and pharmacy in the counties of the Lothians, as well as in Peebles, Selkirk, Roxburgh, Berwick, and Fife; while the rights of physicians or graduates to practise medicine appear to have been reserved.

These corporations, as is well known, were of the nature of burgh guilds, and they were both connected for a time with the barbers; though, as shown by Dr. Weir, that connection was not original in the case of the Glasgow faculty, and it was never very intimate in either of the bodies.

But, as medical education improved in modern times, and the scientific character of the profession became more and more established, the unsuitable nature of guild privileges and restrictions on practice came more and more to be felt; and, at the time of the reform of the Corporation, the College of Surgeons and the Faculty of Physicians and Surgeons ceased to belong to the City Corporations, and assumed the place and dignity of guardians of scientific professions. In our own time, as is well known, a very different kind of guildry or restrictive control of medical or surgical practice has arisen, by the endeavour to subject all registered practitioners to uniform and fixed rules of study and examination for qualification, an attempt which, in the estimation of some, may be carried to too great an extent, though we can scarcely now doubt the propriety of securing the full, and up to a certain standard, the equal education of all those who are recognised as qualified to practise under the Medical Act of 1858.

We know very little of the nature of the instruction given by the College of Surgeons or Faculty of Physicians and Surgeons in the sixteenth or seventeenth centuries. A great part was probably after the

manner of apprenticeship ; but, in Edinburgh, anatomical demonstrations were given for some time before the establishment of the University schools, as those by Mr. Alexander Monteith from 1694, by Robert Elliott from 1705, and by him along with Drummond from 1708 ; and later by Drummond and McGill from 1716, and by Alexander Monro, the famous anatomist, from 1720. Monro was named professor of the University in 1822, but did not teach within its precincts till some years later.

The apprenticeship system, to which allusion has been made, appears on the whole to have worked well ; and, although, from the absence of regular courses, there was no attendance on lectures required, it appears from Dr. Weir's researches, that a long term of practical training, amounting to seven years, was insisted on ; and as many as three examinations had to be passed at successive stages of the candidate's progress before he could be qualified to practise under the charter of the faculty. There can be no doubt that, if such a system of general and clinical instruction were faithfully carried out by a sufficiently informed and intelligent master, it might, in older times at least, lead to the very best results in the attainment of practical knowledge and skill. The progress of science in connection with medicine has rendered such a method of study altogether insufficient in our times, but its value in the clinical part would still be the same, and it is in some measure to be regretted that it cannot be more frequently pursued.

As licensing bodies recognised under the Medical Act of 1858, the Faculty of Physicians and Surgeons and the University of Glasgow are equally subject, as regards the terms on which their licences and degrees are granted, to the control and superintendence of the General Medical Council ; and I am happy to say that, whatever differences may have at one time arisen between these bodies from the University assuming the function of granting degrees in surgery, these differences have now entirely disappeared, and both bodies are earnestly bent upon securing the best mode of conducting their examinations, and testing the qualifications of candidates for licence to practise.

Of the medical schools of Glasgow, I think I may say that signs of increased vitality are visible, in the steady increase of the number of pupils which has occurred in recent years. In the University, the number of medical students enrolled in the past session was upwards of four hundred, being exactly double the number in the session 1851-2.

It is also a most favourable sign of the vigour of the school of Glasgow as a whole, that the managers of the Royal Infirmary, deeming that it would be advantageous to the institution itself, as well as to the medical profession and the public, that a larger number of students should avail themselves of the means of instruction afforded by the infirmary, have resolved to give accommodation to lecturers on the different branches in the medical curriculum within the infirmary buildings or others in the immediate vicinity. And I think we have reason to expect that the Glasgow school as a whole will gain in efficiency and reputation by the competition of new lecturers and the addition to the number of students which may be anticipated.

We can also look back to a period when other private schools existed in Glasgow ; and several names known to fame in their respective departments could be mentioned as having taken part in the work of these schools. Among these I will only mention Allan Burns as one of the most accomplished anatomists of his time ; and we are glad to acknowledge the benefits which have accrued to medicine and science, as

well as to the University herself, from the spirit of rivalry excited, and from the original investigations and teaching of the occupants of chairs in Anderson's University, many of whom have, as is well known, been transferred to the University. It would be unpardonable to pass over in silence the names of Graham and Gregory as occupants of the Andersonian chair of Chemistry.

Nor can I omit here the mention of several societies which have exercised a beneficial influence on the spread of medical knowledge among the members of our profession, and among the public. The Medical-Chirurgical Society of Glasgow, which has existed since 1814, and has enrolled on its list of members all the leading medical men of Glasgow during the period. The Southern Medical Society and the Pathological and Clinical Society contribute their share to the progress of medical and surgical knowledge.

A medical journal has at various times been published in Glasgow, but not, I regret to say, consistently. In 1828, an Association of the profession was formed to circulate a permanent journal, and since that period, under a succession of able and judicious editors the journal has been published, as regards the number of subscribers with fair success, but, as regards its content and matter, with such crippled expectation of all good judges as to expect it to reach a far wider circulation than it has yet enjoyed.

The establishment of a connection through our Branch with the main body of the British Medical Association, may be the means of aiding in the very desirable object of extending the usefulness of our valuable local medical records.

To the sanitary body, as indirectly represented by its able head, Dr. Russell, a reference will be made hereafter.

We have recently the privilege of our public hospitals for the sick. At the time when the Royal Infirmary of Glasgow was opened for the treatment of patients in 1794, it contained only a hundred and sixty beds: a larger provision, however, to the existing population of the time (about 75,000 than at a more recent period, when the extent of its accommodation had been greatly increased. By that time, also, going on from time to time, the number of beds had now reached five hundred and eighty.

The number of beds contained in the part of the Western Infirmary which has been constructed and which was opened in 1874, amounts to two hundred; the entire hospital, when completed, being planned for a service of three hundred and fifty beds.

The hospitals are entirely supported by voluntary annual contributions and donations.

The two hospitals for contagious epidemic diseases, maintained by agreement under the Glasgow Police Act for sanitary purposes, at Parliamentary Row and Belvidere, contain two hundred and ninety beds each, and in addition there is being now constructed at the latter place, in which pueral gonorrhoea have been secured, a small-pox hospital to contain a hundred and twenty beds. And to these is soon to be added a considerable hospital of the same kind, which is being erected at Anniesland Toll, under the Partick, Hillhead, and Maryhill Combination of Joint Authorities.

Nor is this all; for, in connection with the City, in the Barony and the Govan Poor-Houses there are set aside wards for the sick and for lying-in women, which are, of course, available to the poor in the respective parishes.

The Great Lunatic Asylum at Gartnavel is known to be one of the

best in the kingdom ; and, in connection with the several poor-houses, excellent lunatic asylums are provided, of which that of the City Poor-House and the beautiful new asylum of the Barony, now situated at Lenzie, deserve special mention.

Of smaller hospitals, the new Eye Hospital and the Lock Hospital may be added to the list of established infirmaries ; and besides these, there are still other charities for the cure of the sick which I can do no more than name, such as the Skin Dispensary, the Ophthalmic Institution, the dispensaries for the Ear, the Chest and Throat, as well as those more important general dispensaries to which I allude hereafter in connection with the medical mission of Glasgow.

I must not forget that our Branch Association is not confined to Glasgow, but includes the neighbouring counties ; and it is right, therefore, and I have the greatest pleasure to add to my enumeration of the institutions which combine charitable care of the sick with the instruction of the attending medical men, the admirably well-managed hospitals of Paisley and Greenock.

But while we have reason to congratulate ourselves on the efficient condition of such medical institutions as I have now referred to, and may think that, on the whole, much is doing for medicine in certain directions, we cannot shut our eyes to serious defects which may be detected in other aspects of the profession, more especially in that of its relation to the service of the sick poor in our city—defects in which the public or the community at large is more to blame than the members of the profession.

In the very able Report, recently made by our excellent Medical Officer of Health, Dr. J. B. Russell, on the large number of uncertified deaths in Glasgow, to which attention was called as early as 1871 by Dr. Fergus, the proportion of the medical men to the population is referred to in a most interesting manner, and much valuable information is collected, to which I cannot avoid alluding somewhat more at length on the present occasion, as it involves some of the most important topics which can come under the consideration of the profession.

Dr. Russell shows, in the first place, that there is throughout the country a well-marked proportion between the completeness of the registration of deaths and the extent and quality of the medical assistance obtained by the population in sickness.

Now, it appeared that in Glasgow, in the years 1872-3-4, with an average death-rate of $29\frac{1}{2}$ per 1,000, as many as 22 or 23 per cent. of the deaths were uncertified. Of these uncertified deaths, fully a half were of children under five years of age ; the proportions were greatest in the districts with the highest mortality, and they included a larger proportion of illegitimate than of legitimate children—thus showing, in Dr. Russell's telling words, page 11, "that the more dependent and helpless of itself the life is, the less attention it receives from those on whom it depends".

Taking the year 1874 for comparison, in Edinburgh the proportion of deaths which are uncertified is 6 per cent., scarcely more than one-fourth of that in Glasgow. In Liverpool it is only $4\frac{1}{2}$ per cent., and in the worst districts of London it does not amount to 1 per cent. ; while that in the worst part of Glasgow attains the enormous proportion of 44 per cent.

The unfavourable result of a comparison of Scotland and England, as regards the medical relief of the sick poor, has, however, been long

known; for as early as in 1855 Dr. Stark, Superintendent of Statistics under the Registrar-General, gave the following view of the proportion of deaths, in the several cities of Scotland named, which appear to have taken place without medical attendance, viz. :

Leith	about 8 per cent	Glasgow	about 20 per cent.
Aberdeen	" 10 "	Dundee	" 25 "
Edinburgh	" 12 "	Greenock	" 30 "
Perth	" 13 "	Paisley	" 40 "

While in London and Liverpool, three years later, the percentage varied only from 1 to 2 per cent.

If we consider further, that the numbers previously stated refer to deaths alone, and that each death may be held to represent the illness of from twenty to twenty-five other persons, who have not had medical aid, we may form some idea of the very large number of sick persons who have been left destitute of assistance in various degrees of suffering. Time will not allow me to follow Dr. Russell through the very full and interesting statement by which he shows, in the most convincing manner, that in Glasgow there is a serious defect in the system of medical relief to the poor—statements which demand the most serious consideration by us all, and which will well repay the trouble of a most careful perusal; but I must hasten to the consideration of the circumstances which appear most immediately to lead to the defect so much to be deplored.

There can be very little doubt, from a comparison with other places, that one cause of the large number of unattended deaths, and of the enormous proved deficiency of medical relief to the sick poor, is to be found in the fact, that the number of medical practitioners, in proportion to the population, actually falls considerably below that which exists in most other places. Scotland, from experience, has been deemed sufficient for the supply of the medical wants of a community.

If, according to the census of 1871, we take the population of Great Britain and Ireland at about 31,500,000, and if we take the number of medical practitioners from the *Annals of the Medical Council* at about 21,200, the proportion of medical men throughout the country to the general body of the population is nearly 1 to 1,486. But if from the whole number of registered practitioners there be subtracted the number of those residing abroad and of those employed in the military and naval service, amounting together probably to 3,500, the proportion of medical men to the population of the whole kingdom will be reduced to 1 in 1,780.

In London and in Edinburgh, the proportion seems to be as high as one medical man to 1,000 or 1,100 of the population. In Liverpool, it is about 1 to 1,500; but in Glasgow, it appears to be as low as 1 in 2,500, or even considerably lower.

Dr. Acland, the President of the General Medical Council, in his introductory address on May 24th, called attention to the inadequate supply of medical practitioners which appears to be taking place throughout the whole of the British dominions, and to the remarkable diminution in relation to the population which appears to be occurring in England and Scotland during the last twenty or twenty-five years. His attention was drawn to the fact, as regards England, by Dr. Farr referring him to the statement in the Supplement to the Thirty-fifth Report of the Registrar-General, by which it appears that there is a medical man to every 1,276 of the general population of England;

but in 1851 the proportion appears to have been 1 to 1,031, and in 1861 it had diminished to 1 in 1,205, and in 1871 to about 1 in 1,280.

In Scotland, the supply was more defective in 1851 than in England, being only as 1 in 1,388; in 1861, nearly as 1 in 1,640; and in 1871, as low as 1 in 1,900.

In Ireland, the supply was very defective in 1851, being only in the proportion of about one medical man to 2,500 of population; while in 1861 it had risen to 1 in 2,000, and in 1871 to 1 in 1,666.

It is not for me to enter into the consideration of the circumstances influencing these and other changes. I wish only to call your attention to the fact that the proportion is at its lowest in Glasgow; and that, while the population has been increasing with immense rapidity, so as to have doubled itself during the last thirty years, the number of medical men (as entered in the list of the *Town Directory*), has remained nearly the same during three decennial periods—thus making the proportion of the medical men to the population only a half of that which it was in 1845 or 1846. In round numbers, the proportions for certain decennial periods, extending back to 1841, during which the lists seem to be fairly comparable, are as follows:

			Population.	Phys. & Surgs.	Proportion.
1841-2	..	..	.. 280,000*	217	nearly 1 to 1,300
1851-2	..	..	.. 360,000	239	.. 1,500
1861-2	..	..	.. 403,000	230	.. 1,750
1871-2	..	..	.. 566,000	236	.. 2,400
1875	..	..	.. 640,000	237	.. 2,700

It does not appear probable that the place of regularly qualified men is, to any extent, supplied by irregular or unqualified practitioners; and if, as has generally been held, one medical practitioner to a thousand of the population be looked upon as any approach to the proportion required for the due care of the sick, no doubt can prevail that the supply is miserably deficient in Glasgow.

But besides the actual deficiency in the number of medical men in Glasgow, it would appear that there is also, as compared with other great cities, a want of the proper distribution of their services to the poor in the manner calculated to be most effective in the relief of sickness, as will appear from the subjoined extract from Dr. Russell's table of the comparative facilities for obtaining medical aid by the poor in Glasgow, Liverpool, and Edinburgh, under the three heads of treatment in hospitals, at home, and in dispensaries, in 1874:

Number of patients treated	Glasgow.	Liverpool.	Edinburgh.
1. In hospitals	6,654	7,463	5,344
2. At home	1,556	20,575	9,234
3. In dispensaries	29,409	92,578	27,811
Total treated	37,569	120,616	42,389
Population†	523,448	510,640	211,691

Thus the proportion of the poor treated charitably to 1,000 of the population is 236 in Liverpool, 200 in Edinburgh, and only 72 in Glasgow, or a third of that in the other two cities.

Now, it may easily be seen that the inferiority of Glasgow does not lie in hospital treatment, which in the meantime may be considered as fairly commensurate with the wants of the community, but rather mainly

* The above for Glasgow and suburbs.

† City population.

in the absence or very defective condition of the home visitation and dispensary treatment of the sick poor.

Both of these forms of medical charities have long existed in Edinburgh and Liverpool ; and in the first of these places, they have been found, not only most effective in the relief of the poor, but a very valuable aid also in instruction as connected with the medical schools. In Edinburgh and Liverpool the dispensary system has grown with the increase of the population ; but in Glasgow, an enormous and rapid growth of the population has taken place without any corresponding extension of the means of affording medical relief of this kind to the poor.

A most praiseworthy attempt, no doubt, has been made to supply this want by the medical mission ; but its powers are entirely inadequate to meet the exigencies of the case, and it is abundantly clear, that what is mainly wanted in Glasgow is a great development of the dispensary system, which, at a comparatively low cost, will provide in the various most convenient localities throughout the city the readiest access to medical and surgical advice, and, under certain restrictions, will afford medicines to the poor ; and, through the same agency, the organisation of a system of home visitation, in which a number of the medical practitioners will take a part, and will be assisted, greatly to their own benefit, by a large number of the more advanced students from the different medical schools.

For the foundation of such dispensaries, something may be done by the Charity Organisation Society ; and funds will be required to carry out a thoroughly efficient system. But when the urgency of the case is known, it is not probable that these will be long wanting. Several of the existing institutions may be made to subserve or assist in the establishment of the new dispensaries ; and it is deserving of notice that this mode of medical relief of the poor is by far the most economical that can be adopted ; while it is certain that it has not, in any of the places where it has been best carried out, had any tendency to increase pauperism. Nor has it interfered with the due exercise of their profession by medical practitioners, nor been productive of any other evils. On the contrary, it has everywhere been attended with the purest beneficial results.

With Dr. Russell, we must acknowledge the truth that Glasgow has in this respect entirely outgrown its charitable organisation for the sick ; and this has taken place so rapidly that the inhabitants have not been aware of the deficiencies. It will be for the medical profession of Glasgow and the west to point out these defects and to indicate the nature of the remedies by which they can be removed. And I need scarcely point out to you that, in such a work, a Branch of an Association which forms so large a proportion of the whole profession in the kingdom, may expect important assistance from that combination of opinion and action which in a good cause is sure to lead to happy results.

Great as has been the liberality of some of the wealthier inhabitants of Glasgow and the west, these individually, but more especially the community at large, have yet to learn that greater demands will be made on their charitable contributions. The giving of such charity must not, as heretofore, be confined to the willing few, but must extend itself to every one who is able in proportion to his means ; and if a sufficient response be not made to such appeals as the exigency of the circumstances demands, it will very soon become apparent that the deficiency must be supplied by the levying of a rate over the whole of the inhabitants. It is worthy of remark that the local authorities have

all the necessary powers for dealing with the treatment of diseases which are infectious among the poor, and levy rates for the purpose. The epidemic hospitals already described are so supported; and, if needful, local dispensaries and home attendance and nursing could at any time be provided from the same rates for the same class of diseases. It well deserves consideration whether similar powers should not be extended to other diseases affecting the lower classes of society, which, when existing for any length of time, and allowed to run their course without medical aid, deprive the sufferers and their families of the means of support, tend to reduce them to indigence, and thus increase the rank of paupers in the country.*

There is another subject to which, in any combined movement of the profession for the improvement of attendance on the sick, whether poor or rich, it is most desirable that the attention of medical men should be directed, I mean the training of skilled nurses. Whatever may be our views upon the much debated question of the suitability of women assuming the functions of physicians and surgeons, and there is much room for difference of opinion on the subject, I presume we shall find entire unanimity in the view of the peculiar fitness of women for the business of sick nursing, and of the desirableness of substituting an improved system of training them to a knowledge of the best way of performing this service, in place of the altogether fortuitous and irregular modes of instruction which have hitherto prevailed.

It may be matter of consideration how far theoretical or preliminary knowledge ought to precede or be combined with the practical education of the nurse; but none can entertain any doubt as to the advantages of the regular system of practical training which is now being introduced in this and some other places. It seems scarcely to require any argument to prove that a good previous education will in regard to the acquisition of skill in practical details give the same facility of learning and completeness of knowledge which it lends to other kinds of study and acquirement. And more especially to those who are to be the instructors or trainers of others in the business of nursing, it will be at once admitted that higher qualifications will be most useful—indeed, essential to the success of their labours. For, to be an intelligent and successful teacher, even of the most mechanical art, it is of importance that the instructor should not only be thoroughly familiar with the practical details, but should also know something of the theory or the scientific principles on which the best practical methods are founded. Moreover, their influence with the pupils will be greatly aided by the superiority of intelligence resulting from a good general education. Together with the practical training, therefore, which is to be obtained by the actual service of nursing in taking care of the sick, under superintendence, in our hospitals and in private life, much good may be done by the combination of more systematic instruction from

* From a paper by Dr. Russell accompanying the Mortality Tables in the City of Glasgow for the quarter ending March 31st, 1876, and which has been published since this was written, it appears that a considerable diminution in the number of uncertified deaths has already taken place during this quarter throughout the city—mostly in those under five years of age, and more especially in those under one year: and it is suggested as extremely probable that this improvement is attributable to the operation of the Friendly Societies' Act of last session of Parliament, which has come into force this year, and which enacts that no society shall pay any sum of money on the death of a member unless on the production of a certificate of registration, and provides with peculiar stringency for the cases of death under ten years of age.

medical teachers, as is well shown by several interesting works on the subject which have recently appeared, and by such lectures on the duties and business of nurses as the experimental course of twelve lectures recently delivered with entire success by our friends Dr. Finlayson and Mr. William James Fleming, in the Western Infirmary.

I am persuaded that there is no matter so nearly affecting the condition of the sick which deserves, and indeed urgently demands, the united attention of the profession as this one of the training of good nurses; and I would fain hope that it may be one of the principal subjects to which the exertions of our Branch Association will be directed. The Nursing Institution in St. George's Road, and that in Sauchiehall Street, in connection with which Mrs. Higginbotham has distinguished herself, as well as the efforts now making in both our public hospitals, are all calculated to do much for the advancement of this cause.

The whole range of sanitary science and practice lies before us, with all its difficult but deeply interesting questions urgently pressing for solution, and this in an age of rapid scientific invention, and still more rapid increase of the causes of disease. There lies also before us, inviting our consideration, the whole range of our noble and self-sacrificing profession in its relations to science, in its moral, social, and political aspects; and, as we have met here to-day as a Branch of the Association which, through its existence of nearly half a century, has kept steadily before it the attainment of objects which affect alike the interests of its individual members and the good of the community at large, I trust that the success of our combination, either as a distinct Branch, or in co-operation with the main body of the Association, will be as great as in any other district, and that it will contribute its due share to the promotion of the welfare and credit of the profession.

Glasgow
University Library



RQ 1942/23